OFFICE OF THE DIRECTOR OF HEALTH AND FAMILY PLANNING SERVICES, BANGALORE.

Auxiliary Nurse Midwives Training Programme

Dated 26th August 1975.

MCT 83/75-76. Applications are invited from Lady candidates preferably those knowing Kannada, preference being shown to unmarried or widowed and the deserted candidates for undergoing training in Auxiliary Nurse Midwives course conducted by the Department of Health and Family Planning Services at the following Centres.

Sl. No.	Name of the training Centre.	No. of candidates.	No. of seats reserved for Backward.	No. of seates for S. C. and S. T. candidates.
1	2	3	4	5
1	Headquarter Hospital, Bellary.	40	12	8
2	District Hospital, Chitradurga.	30	9	6
3	,, Chickmagalur.	30	9	6
4	S. C. Hospital, Hassan.	30	9	6
5	General Hospital Mandya.	30	9	6
6	District Hospital, Karwar.	30	9	6
7	Government Wenlock Hospital, Mangalore	20	6	4
8	Civil Hospital, Dharwar.	30	9	6
9	S. N. R. Hospital, Kolar.	30	9	6

The requirements for the Auxiliary Nurse Midwives Training are as follows.

Age:-The applicants should have completed 18 years of age and must be within 35 years as on 1st October 1975

In the case of candidates belonging to Scheduled Castes and Scheduled Tribes the age limit is extended upto 40 years.

Qualification: The candidates should have passed 7th standard of new scheme or VIII Standard (8th std.) Examination of old scheme. The qualification is relaxable subject to minimum of VI standard pass (new scheme) or VII standard pass (Old Scheme) in case candidate belonging to Scheduled Caste and Scheduled Tribes and the candidates who have done Dais Training or midwifery training in deserving cases. Preference will be given to candidates who are working now as family Welfare Workers in the Department.

The candidates who come under one of the following categories will be considered as backward for the purpose in case it is supported by a certificate as per Annexure-I.

Candidates whose parents Guardians income is Rs 1,200 per annum or less and whose (parent/guardian) is engaged in one of the occupations mention d below viz.

(a) Actual Cultivator (b) Artisan- (i) petty Businessman.
(b) Inferior Service (i.e., class IV in Government Service and corresponding class of service in private employment) including casual labour and.
(c) Any other occupation involving manual labour.

The duration of training is two years.

The selected candidates will be eligible for a stipend of Rs. 60 P. M. after producing a security bond to the effect that they will serve in Karnataka Government Department of Health and Family Planning Services for a period of atleast five years from the date of receipt of the appointment order.

The prescribed application forms can be had from the following in person or by enclosing a self addressed stamped envelopes.

The District Health and F. P. Officers or the District Surgeons of above Districts.

The Assistant Director of Health and Family Planning Services, Maternity and Child Health section, Ananda Rao Circle, Seshadri Road, Bangalore-9.

No notice will be taken of the requests received without the self addressed stamped envelope.

The prescribed application form, duly filled and completed in all respects with attested copies of the required certificates should reach the District Health and Family Planning Officers of the respective District on or before 1st October 1975.

The applications received after due date are liable to be rejected.

The applicants whom called for an interview should appear at their own cost interview at the concerned district Health and Family Planning Offices,

Original certificates have to be produced at the time of interview and again at the time of joining the training.

The candidates after successful completion of the Training which is for a period of two years, will be appointed as Auxiliary Nurse Midwives in the Primary Health Centres or Sub Centres on a pay scale of Rs 90-4-110-5 140-EB-6-200 plus Uniform and Ration allowances of Rs 10 plus admissible Dearness Allowances.

N, B.—Any candidates found to be pregnant at the time of admission to the course, will not be admitted to the training.

472 ...., *Director of Health and Family Planning Services.*

Application for Auxiliary Nurse Midwives Training Course (To be filled in by the candidate in her own handwriting in English / Kannada).

1	Name in full (Block Letters) ...	
2	Present occupation if any ...	
3	Address in full ...	
4	Father's name or Guardian's name and address and income ...	
5	Date of Birth and age (a copy of school leaving certificate to be enclosed) ...	
6	(a) Nationality/Community ...	
	(b) Whether Mysorean or Non-Mysorean ...	
7	Whether married, single, widowed, divorced or deserted, number of children if any age of last child (if divorced or deserted, a copy of the judicial separation certificate may be enclosed). (If married a consent letter from her husband to be enclosed) ...	
8	Educational Qualification ...	
9	Does the applicant know kannada if so, specimen copy of the handwriting in Kannada may be enclosed ...	
10	(a) Has the applicant had any practice in Midwifery (or a Dai) If so, where and for what period	
	(b) Has the applicant been working as a Family Planning Welfare Workers, and if so, where and since when.	
11	Whether the following documents are attached	
	(a) Certificate signed by the head of the School where applicant had studied indicating the Highest Examination.	
	(b) A certificate of age (copy of the transfer certificate).	
	(c) Physical fitness and vaccination certificate signed by a Medical Officer not below the rank of an Assistant Surgeon.	
	(d) Two certificates of good moral character signed by persons of position who should have known the applicant for atleast two years preceding the date of application.	
	(e) If belonging to Backward/Scheduled Castes or Scheduled Tribes, certificate for the same by the competitive authority.	

12 Name and addresses of two sureties who in the Karnataka Government Service drawing pay not less than Rs. 100 or from MLA or MLC or Equivalent.	
13 The centres in which the, candidates desired to undergo the training order of priority.	
14 Any other particulars which may help in her selection.	
15 Had the candidate joined any training course earlier. (a) If yes furnish. (b) Name of the place of the Institution and nature of training course and the period of training undergone. (c) Reason for the discontinuance. (d) Any amount refunded by the candidate towards stipend, etc, received during the period) full particulars about amount remittance endorsement obtained etc, should be furnished.)	

N. B.—I declare that the above statements are true to the best of my knowledge and belief. I have read the conditions and rules of training and service which I abide with. I agree to serve the Department of Health Services after completion of training, for not less than five years in rural areas failing which I agree to refund the entire amount of stipend paid to me during the training.

Signature of applicant.

ANNEXURE

BACKWARD CLASS CERTIFICATE

(for purposes of Article 16(4) of the Constitution).

1. Name of the applicant	
2. Name of the parent/guardian (if parent is not alive) in the case of guardian, state nature of relationship to the candidate.	
3. Permanent Address ...	
4. Postal Address ...	
5. Occupation of parent/guardian (if parent are not alive). Indicate whether:— (i) Actual cultivator ... (ii) Artisan ... (iii) Petty bussinessman ... (iv) Inferior services (i.e. Class IV in Government Services and corresponding class of service in private Empl yment including casual labour. (v) Any other occupation involving Manual labour.	

6. Total income of parent/guardian (if parent is not alive) from all sources. (i) Salary (ii) Land and Building (iii) Other sources.	...

DECLARATION BY PARENT/GUARDIAN (IF PARENT IS NOT ALIVE) AND THE CANDIDATE

We do hereby solemnly and sincerely affirm that the statement made and the information furnished above are true Should it, however be found that any information furnished herein is untrue in material particulars we realise that we are liable to criminal prosecution and we are also agreeable to forego the claim for Public Services under the State Government.

....

Signature of the Candidate.

Station.....

Dated .....

....

Signature of the Parent/Guardian (if the parent is not alive)

Station.....

Dated.....

CERTIFICATE BY THE REVENUE AUTHORITY.

I do hereby certify that I have on enquiry satisfied myself that the annual income of the parent/guardian (if the parent is not alive) of the candidate applying for benefit granted in Government Order No. GAD. 177 SRR 62, dated 16th September 1963 to Backward Classes of citizens. is Rs.....

I am also satisfied that the parent/guardian (if the parent is not alive) of the candidate is pursuing one of the following occupation.

(1) An actual cultivator.
(2) An artisan.
(3) A petty businessman
(4) Inferior servi e s, (i.e. Class IV in Government services and corresponding class of service in Private employmen) including casual labour.
(5) Any other occupation involving manual labour.

Strike out whichever is not relevant.

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Signature of Tahsildar/Revenue Officer of Higher Rank.

OFFICE OF THE JOINT DIRECTOR, GOVERNMENT TEXT BOOK PRESS, SARASWATHIPURAM, MYSORE-9

Notification dated 14th August 1975

It is hereby notified for the information of well equipped Private Presses, that it is proposed to entrust the printing and distribution of copies of Nationalised Text Books (both manuscripts and reprints) required for the Academic year 1976-77 taking into consideration their capacity, past performances, etc., and after examining their applications and Departmental needs.

Detailed particulars regarding the equipment, staff, etc. of their Presses may be intimated to the undersigned on the following proforma *on or before 20th September 1975*. Applications of Presses not furnishing adequate information are liable to be rejected.

Only those who can execute the work in time with required quality should only apply.

PROFORMA.

1 Composing —(a) Number of composing machines, if any.
(b) Quantity of types available with sizes, languages, etc.
(c) Number of compositors employed.

2 Printing — (a) Number and size of Printing Machines.
(b) Size and Maker's name.
(c) Year of Purchase.
(d) Number of men employed to run the above

3 Binding — (a) Folding Machine
(b) Cutting Machiness
(c) Wire-Stitching Machines.
(d) Thread Sewing Machines.
(e) Number of Binders employed.

} Size, Year of purchase Maker's name, etc., to be furnished.

4 Storing Capacity —Space available to store properly paper and printed formes.

5 Details of Text Books Printed in the previous years.

452 D NARASIMHAIAH, *Joint Director.*